



# Incident Report

**Print Date/Time:** 07/21/2016 09:25  
**Login ID:** ss0143

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00013465

**Incident Date/Time:** 7/12/2016 6:01:00 AM  
**Location:** 8532 11TH PL SE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 319-0198  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy
19S15	SS0072-Aukerman

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	TRAN, AI D	920 77TH DR Lake Stevens WA 98258	(425) 319-0198		Female	11/05/1996

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AZD7976	
Involved Vehicle						AZD7976	WA

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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07/12/2016 : 06:44:19 ss0072 Narrative: PUD on scene

07/12/2016 : 06:12:41 SP0174 Narrative: 19S15 - PUD ADVISED

07/12/2016 : 06:11:26 SP0174 Narrative: PUD FOR POLE PARTIALLY OVER TOP OF CAR

07/12/2016 : 06:09:33 SP0321 Narrative: RP ADV PD JUST PASSED HER.

07/12/2016 : 06:09:24 SP0174 Narrative: IN AREA, NOTHING SHOWING

07/12/2016 : 06:08:46 SP0321 Narrative: APPEARS POLE #S50181

07/12/2016 : 06:07:34 SP0321 Narrative: RP ADV POLE DOWN ON RP'S CAR, DOESNT THINK WIRES INVOLVED.

07/12/2016 : 06:03:14 SP0152 Narrative: L/AZD7976

07/12/2016 : 06:03:04 SP0152 Narrative: CC, VEH VS POLE, NON INJ, PARTIALLY BLKING, SIL HONDA SIG

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E562593**CASE # **2016-00013465**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS**03**OBJECT  
STRUCT**UTILITY POLE**TRIBAL  
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION **07** - **12** - **2016** **0601** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**11TH PL SE**BLOCK NO. ☒**8500**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W **86TH AVE SE**

UNIT 01

MOTOR  
VEHICLE☒PEDAL-  
CYCLE☐

DAMAGE THRESHOLD MET

YES ☒ NO ☐

PHONE

**D: 4253190198**

LAST NAME

**TRAN**

FIRST NAME

**AI**MIDDLE  
INITIAL**D**STREET  
NEW ADDRESS**920 77TH DR SE**

CITY

**LAKE STEVENS**

ST

**WA**

ZIP

**98258**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #**TRAN\*AD042QE**

STATE

**WA**

SEX

**F**D.O.B.  
MMDDYYYY**11****05****1996**ON DUTY ☐

STATUS

AIRBAG

**2**

RESTR.

**4**

EJECT

**1**HELMET  
USE**2**INJURY  
CLASS**1**

NATURE OF INJURIES

LICENSE  
PLATE #**AZD7976**

STATE

**WA**

VIN#

**JHMGK5H58GX025797**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

**2016**

MAKE

**HOND**

MODEL

**FIT**

STYLE

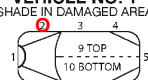
**4H**VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒REGISTERED OWNER INFO. **BRYAN AUSTIN 920 77TH DR SE LAKE STEVENS WA 98258**LIABILITY INSURANCE  
IN EFFECT☒INSURANCE CO  
& POLICY # **AMERIPRISE BX06880842**VEHICLE  
LEGALLY  
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1  
SHADE IN DAMAGED AREA

UNIT 02

MOTOR  
VEHICLE☐PEDAL-  
CYCLE☐

PEDESTRIAN

☐PROPERTY  
OWNER☒

DAMAGE THRESHOLD MET

YES ☒ NO ☐

PHONE

LAST NAME

**SNOHOMISH COUNTY**

FIRST NAME

**PUD**MIDDLE  
INITIALSTREET  
NEW ADDRESS

CITY

**EVERETT**

ST

**WA**

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX

**U**D.O.B.  
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

**2**

RESTR.

**4**

EJECT

**1**HELMET  
USE**2**INJURY  
CLASS**1**

NATURE OF INJURIES

LICENSE  
PLATE #

STATE

VIN#

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

**2016**

MAKE

**HOND**

MODEL

**FIT**

STYLE

**4H**VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

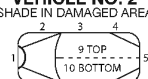
GOVT. VEHICLE  
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE  
IN EFFECT☐INSURANCE CO  
& POLICY #VEHICLE  
LEGALLY  
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2  
SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT)

**W. AUKERMAN**

BADGE OR ID #

**0072**

AGENCY

**WA0311900**


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E562593**CASE # **2016-00013465**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

**NARRATIVE**

On 07/12/2016 at about 0605 hours I was dispatched to single vehicle into a utility pole collision at 86th Ave SE and 11th Place SE in the city of Lake Stevens.

Arriving I contacted a 19 year old female claiming to be the driver of the vehicle. I observed a Honda Fit into a composit utility pole, with the pole leaning over the vehicle. The vehicle appeared to have been coming from the north and turning to the east (left turn) when the front passenger corner of the vehicle struck the utility pole.

The female driver (Tran) said she was at a cousins house and was leaving to go to work. Tran appeared to be very sleepy so I asked her if she had fell asleep; due to the light traffic, low speed, residential neighborhood collision. Tran indicated she was tired and did not say if she had fallen asleep (while rubbing her eyes).

Snohomish County PUD was contacted to stabalize and remove the pole from the vehicle. The vehicle was removed from the utility pole and driven from the scene. There were no reported injuries at the time of the collision.

PUD estimated the damage to be around \$1,000. PUD also advised me the light is the property of PUD and the utility pole is possibly the property of the city of Lake Stevens.

PUD and the driver were given copies of the exchange of information.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>W. AUKERMAN</b>		<b>07-12-16 07:11 AM</b>	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACE SIGNED
APPROVED BY		DATE	
<b>W. AUKERMAN 0072</b>		<b>7/12/2016 7:12:21 AM</b>	
BADGE OR ID #	<b>0072</b>	ORI #	<b>WA0311900</b>
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
<b>6:06 AM</b>		<b>6:09 AM</b>	


**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**


013197

**REPORT NO. E562593**
**CASE # 2016-00013465**
**COMMERCIAL MOTOR CARRIER**
INTERSTATE ☐INTRASTATE ☐
**UNIT #**

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

**ADDITIONAL UNITS**
**UNIT #**

3

MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐☒

DAMAGE THRESHOLD MET

PHONE

LAST NAME

CITY OF

FIRST NAME

LAKE STEVENS

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

U

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED

YES

NO

TOWED BY

GOVT. VEHICLE

YES

NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO &amp; POLICY #

VEHICLE LEGALLY STANDING ☐

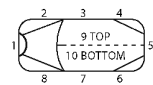
YES

NO

CITATION #

CHARGE

SHADE IN DAMAGED AREA


**UNIT #**
MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐☒

DAMAGE THRESHOLD MET

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED

YES

NO

TOWED BY

GOVT. VEHICLE

YES

NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO &amp; POLICY #

VEHICLE LEGALLY STANDING ☐

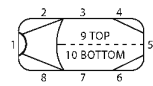
YES

NO

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**W. AUKERMAN**
**07-12-16 07:11 AM**

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

0072

ORI #

WA0311900

APPROVED BY

AUKERMAN

DATE

7/12/2016

PAGE

3

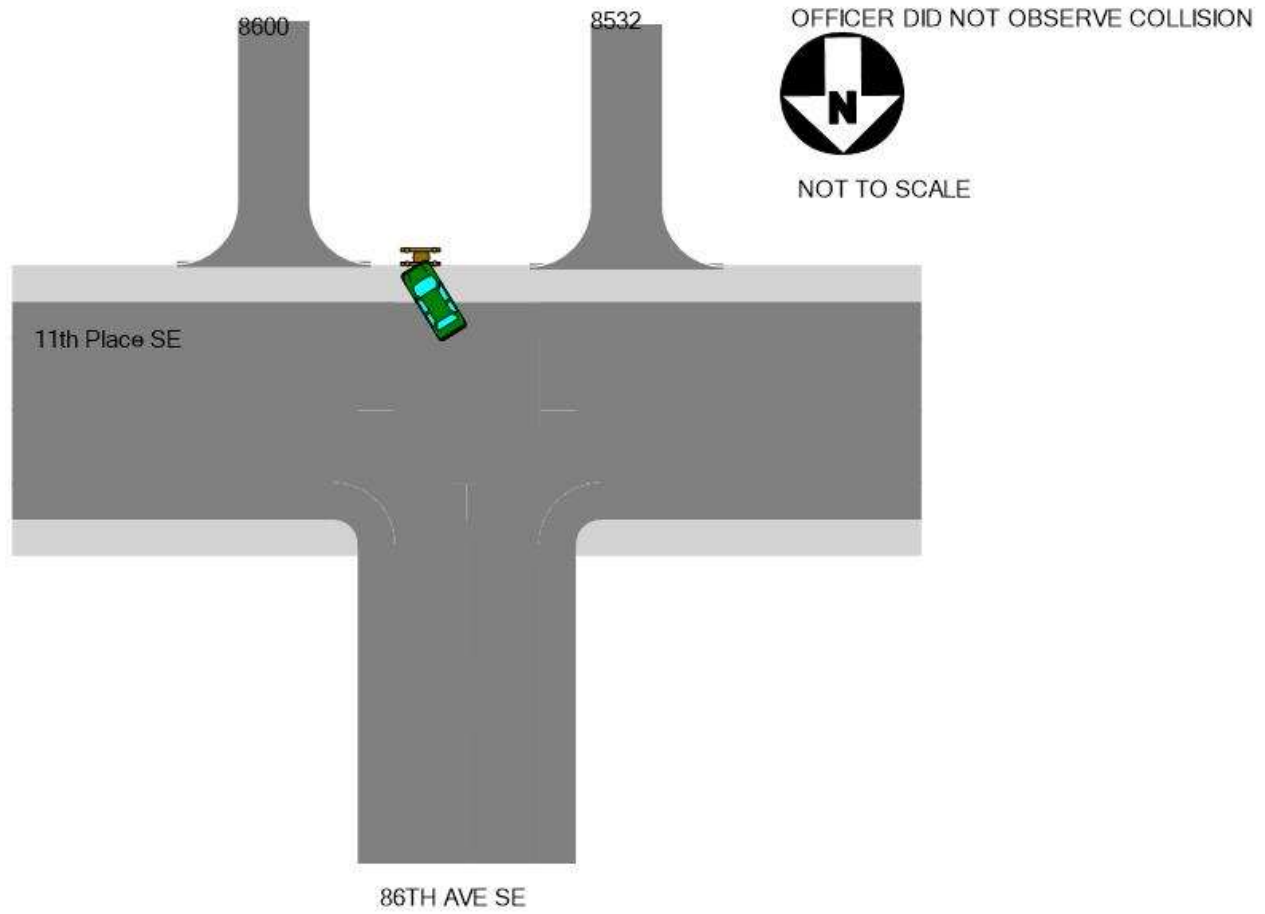
OF

4

REPORT NO. E562593

CASE # 2016-00013465

DATE AND TIME  
OF COLLISION 07/12/16 06:01





# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 16-013465VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Tran, Ai, Diep</u>		RACE <u>Asia</u>	ETHNICITY <u>Vietnamese</u>	SEX <u>F</u>	D.O.B. <u>11/05/1996</u>	AGE <u>19</u>	HGT <u>5'0</u>	WGT <u>96</u>	HAIR <u>black</u>	EYES <u>Br</u>
STREET ADDRESS <u>920 77th Dr SE</u>				CITY <u>Lake Stevens</u>			STATE <u>WA</u>		ZIP <u>98258</u>	
HOME PHONE <u>425-319-0198</u>		CELL PHONE <u>425-299-8974</u>			WORK PHONE <u>425-299-8974</u>					
EMAIL ADDRESS (OPTIONAL) <u>aicanterven@gmail.com</u>					PLACE OF EMPLOYMENT <u>Mulki Iteo School District</u>					

STATEMENT:

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page \_\_\_\_ OF \_\_\_\_

